

Wisconsin Department of Regulation & Licensing

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BOARD OF NURSING

CLINICAL FACILITY SELECTION

Completion of this form is required by all schools in order to maintain approval of the board. The form is to be kept on file in the school of nursing office and available to the board upon request. The information collected on this form will be used to determine compliance with standards in sec. N 1.06, Wis. Adm. Code.

I. Identifying Data

A. Name of facility: _____

Address: _____

Phone: _____

B. Type of facility:

1. Hospital _____

2. Nursing Home _____

3. Community Health Agency _____

4. Other _____

C. Administrator of facility: _____

D. Director of Nursing Service: _____

E. School(s) of nursing utilizing the facility:

Wisconsin Department of Regulation & Licensing

II. Exhibits (attach to report)

A. Copy of formal agreement signed by:

1. Administrator of facility
2. Administrator of nursing program

B. Copy of the position description for:

1. Registered Nurses
2. Licensed Practical Nurses

III. Please respond to the following questions: Include any related comments.

- A. Have the nursing program objectives been shared with the facility? ☐ Yes ☐ No

Comments: _____

- B. Does the facility agree to cooperate in promoting the nursing program objectives? ☐ Yes ☐ No

Comments: _____

- C. Are there experiences in the facility available to the students to meet the clinical objectives? ☐ Yes ☐ No

Comments: _____

- D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, this facility may not be approved.) ☐ Yes ☐ No

Comments: _____

- E. Is the practice of licensed practical nurses in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, this facility may not be approved.) ☐ Yes ☐ No

Comments: _____

IV. Report was completed by:

Name

Title

Date